

BLUEFISH SWIM TEAM - 2019/2020



PARENT/SWIMMER AGREEMENT & REGISTRATION FORM

[New/Prospective Swimmers MUST contact the Parks & Recreation Office for roster availability]

FAMILY Name: _____
(Participants will be registered under family/household name)

Address: _____

Mailing Address: *(If different from above)* _____

Home Phone Number: (_____) _____ **E-mail Addresses:** _____

Parent Name: _____ Home #: (_____) _____

Work #: (_____) _____ Cellphone or Pager #: (_____) _____

Parent Name: _____ Home #: (_____) _____

Work #: (_____) _____ Cellphone or Pager #: (_____) _____

SWIMMER #1: _____ D.O.B.: ____/____/____ Sub-Total = _____

SWIMMER #2: _____ D.O.B.: ____/____/____ Sub-Total = _____

SWIMMER #3: _____ D.O.B.: ____/____/____ Sub-Total = _____

[Date of Birth needed for meets] TOTAL = \$ _____

Were any of the swimmers above members of another PVSL team previously? Yes No

Medical/Emergency Information (Required):

Name and number of Person(s) YOU designate for us to contact DURING PROGRAM TIME in case of any emergency if you cannot be reached:

Name: _____ Phone #: (_____) _____

Name: _____ Phone #: (_____) _____

1.) Do any of the participants have any medical conditions we should know about? Yes / No. If "Yes", please indicate below AND discuss with the Director: _____

2.) Are any of the participants currently taking any medications? Yes / No. If "Yes", please indicate below AND discuss with the Director: _____

3.) **In an emergency situation**, where we are unable to reach you, DO YOU GIVE PERMISSION for the individual registered to be treated at a hospital? Yes / No

As a SWIMMER on the Bluefish Swim Team I have read the information packet and understand my responsibilities, whereby,

- I agree to cooperate with the Coach and teammates.
- I agree that any misconduct, abuse or foul language, poor attitude and lack of participation may result in failure to participate.
- I agree that I will attend meets/contests.
- I agree to be prompt & if I cannot make a practice/meet, I will call a Coach as soon as possible.
- I will cheer on my teammates, be supportive of the Coaches decisions and strive to improve as a member of The Bluefish
- I will try my best to swim with enthusiasm and effort to help make the team a success.

Swimmers #1 Signature _____ **Date** _____

Swimmers #2 Signature _____ **Date** _____

Swimmers #3 Signature _____ **Date** _____

I acknowledge that in enrolling my child or myself in the above program(s), he/she has my permission to participate in all activities associated with the programs) and that I, for my own account, and on behalf of both child and parents for any registered child, hereby agree to release, remise, indemnify and hold harmless the Town of Montague, Parks & Recreation Department, Gill-Montague School District (when programs are on district property), all of their officers, staff & agents, from any claim of liability related to any accident, injury, incident, illness or loss that may occur during this program:

Parents Name & Signature _____ **Date** _____

I, hereby, give permission for the individual(s) mentioned above to be photographed to help promote Montague Parks & Recreation Programs: Yes No

OFFICE USE ONLY – Payment Method:
Cash / Check / Money Order Check/Money Order #: _____ Date of Payment: _____ Office Personnel: _____